



Op 2623

In re Application of:

Docket No. 00169.001523

ANDREW PETER BRADELY ET AL.

Application No.: 09/466,178

Examiner: V. M. Kibler

Filed: December 17, 1999

Group Art Unit: 2623

For: METHOD OF KERNEL SELECTION
FOR IMAGE INTERPOLATION

October 29, 2003

Mail Stop Non-Fee Amendment
Commissioner for patents
P.O. Box 1450
Alexandria, VA 22313-1450

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Technology Center 2600

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

| CLAIMS AS AMENDED | | | | | | |
|--|--|-------|--|-------------------------|----------------|-------------------|
| | (2) CLAIMS REMAINING AFTER AMENDMENT | | (4) HIGHEST NO. PREVIOUSLY PAID FOR | (5) PRESENT EXTRA | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | * 22 | MINUS | ** 104 | = 0 | x \$9 \$18 | \$0 |
| INDEP. CLAIMS | * 4 | MINUS | *** 8 | = 0 | x \$43 \$86 | \$0 |
| Fee for Multiple Dependent claims \$145°/\$290 | | | | | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT--- | | | | | | \$0.00 |

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$ _____ is enclosed.
- ☐ Charge \$ _____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$ _____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$ _____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Attorney for Applicants

Registration No. 29,296

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New York, New York 10112-3800
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NYMAIN385462

00169.001523



PATENT APPLICATION

#121
11-1303

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

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AMENDMENT

Sir:

In response to the Office Action of July 29, 2003, please amend the above-identified application as follows: amendments to the claims are reflected in the listing beginning on page 2; and the Remarks begin at page 13.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

October 29, 2003

(Date of Deposit)

LEONARD P. DIANA

(Name of Attorney for Applicant)


Signature

October 29, 2003

Date of Signature